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CONFIRMATION NO. 6371

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	RULE			

APPLICANTS

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** CONTINUING DATA *****

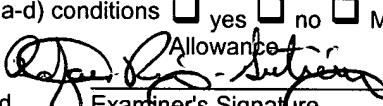
None R.P.C. 9/6/05

** FOREIGN APPLICATIONS *****

None R.V.G. 9/6/05

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/28/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged  Examiner's Signature	<i>L.P.G.</i> Initials	TX	6	23	3

ADDRESS

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TITLE

Home agent redundancy in a cellular system

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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